

Permits

T. 628.271.2000 | 49 South Van Ness Ave. 3rd Floor, San Francisco, CA 94103

APPLICATION FOR SIDEWALK PIPE BARRIER/ SECURITY BOLLARD PERMIT

Site Address: Cross Street: Block: Lot: APPLICANT/AUTHORIZED AGENT INFORMATION NOTE: If you are not applying as the property owner, you MUST complete the Certificate of Authorized Agent section at the end of this form in order for Public Works to begin reviewing your application. Agent of Owner Name: Company Name: Address: City: State: Zip: Phone: E-Mail: REQUIRED APPLICANT INFORMATION Individual Applicant: Driver's License or State ID Number Business Applicant: San Francisco Business Account Number OR State License Number Architect Engineer Contractor			PUBLIC WORKS PERMIT#		
APPLICANT/AUTHORIZED AGENT INFORMATION NOTE: If you are not applying as the property owner, you MUST complete the Certificate of Authorized Agent section at the end of this form in order for Public Works to begin reviewing your application. Agent of Owner Owner Name: Company Name: Zip: Zip: E-Mail: Phone: E-Mail: REQUIRED APPLICANT INFORMATION Individual Applicant: Driver's License or State ID Number Business Applicant: San Francisco Business Account Number			For Official Use Only		
APPLICANT/AUTHORIZED AGENT INFORMATION NOTE: If you are not applying as the property owner, you MUST complete the Certificate of Authorized Agent section at the end of this form in order for Public Works to begin reviewing your application. Agent of Owner	SITE INFORMATION				
APPLICANT/AUTHORIZED AGENT INFORMATION NOTE: If you are not applying as the property owner, you MUST complete the Certificate of Authorized Agent section at the end of this form in order for Public Works to begin reviewing your application. Agent of Owner	Site Address:				
NOTE: If you are <u>not</u> applying as the property owner, you MUST complete the Certificate of Authorized Agent section at the end of this form in order for Public Works to begin reviewing your application. Agent of Owner				Lot:	
Agent section at the end of this form in order for Public Works to begin reviewing your application. Agent of Owner	APPLICANT/AUTHORIZE	ED AGENT INFORMATION			
Name: Company Name:			•		
Address: City: State: Zip: Phone: E-Mail: REQUIRED APPLICANT INFORMATION Individual Applicant: Driver's License or State ID Number Business Applicant: San Francisco Business Account Number OR State License Number Architect Engineer Contractor PROPERTY OWNER INFORMATION (Leave blank if applicant is property owner)	Agent of Owner	Owner			
City: State: Zip: Phone: E-Mail: REQUIRED APPLICANT INFORMATION Individual Applicant: Driver's License or State ID Number Business Applicant: San Francisco Business Account Number OR State License Number Architect Engineer Contractor PROPERTY OWNER INFORMATION (Leave blank if applicant is property owner)	Name:	Company Na	ame:		
City: State: Zip: Phone: E-Mail: REQUIRED APPLICANT INFORMATION Individual Applicant: Driver's License or State ID Number Business Applicant: San Francisco Business Account Number OR State License Number Architect Engineer Contractor PROPERTY OWNER INFORMATION (Leave blank if applicant is property owner)	Address:				
Phone: E-Mail:				Zip:	
☐ Individual Applicant: Driver's License or State ID Number ☐ Business Applicant: San Francisco Business Account Number OR State License Number ☐ Architect ☐ Engineer ☐ Contractor PROPERTY OWNER INFORMATION (Leave blank if applicant is property owner)			:		
Business Applicant: San Francisco Business Account Number OR State License Number		REQUIRED APPLICANT INF	FORMATION		
OR State License Number Architect Engineer Contractor PROPERTY OWNER INFORMATION (Leave blank if applicant is property owner)	☐ Individual Applicant:	Driver's License or State ID Numb	oer		
OR State License Number Architect Engineer Contractor PROPERTY OWNER INFORMATION (Leave blank if applicant is property owner)	Business Applicant: S	San Francisco Business Account N	Number		
	DROBERTY OWNER INC	OPMATION // case blank if appli			
Owner name.				ier)	
Dhono:		E Mail:			
Phone: E-Mail:	FIIOIR.	E-IVIAII: _			
Print Name Signature of Applicant/Authorized Agent Date	- Down N				

INSTRUCTIONS FOR SIDEWALK PIPE BARRIER PERMIT

- Include a completely dimensioned site plan to show the extent and location(s) of the proposed installation of the pipe barriers (bollards). Do not send building plans.
- Application fees are applicable, payable by credit card or check issued to San Francisco Public Works.
- Applicant shall submit all necessary fees (See Fee Schedule) for notarization and recordation of aproved permit. (Notary Public Services and Recorder's Office are located at City Hall, Room 190)



EMAIL

Electronic copies (PDF) of the application materials may be sent to: **BSMPermitDivision@sfdpw.org**



Permits

T. 628.271.2000 | 49 South Van Ness Ave. 3rd Floor, San Francisco, CA 94103

CERTIFICATION OF AUTHORIZED AGENT

[Project Address]	[Block]	[Lot]	[Zip Code]
Public Works Permit Number (s)			
Building Permit Application (BPA) Number			
I/We, [Name of Property Owner(s) – Print	, hereby certify for t	he purpose	of
completing and submitting an application for s	treet/sidewalk-use perr	nit(s) with S	San Francisco
Public Works and for the completion of any fo	rm related to the San F	rancisco P	ublic Works
Code and/or to any City and County Ordinand	es and regulations, or	State Code	s, I/we are
authorizing			
		to sign all	documents
[Name of Agent(s) – Print]			accamente
connected with this application(s) or permit(s).			
I/We also acknowledge that certain permits for incur annual assessment fees and will be reco		•	
[Authorized Agent Signatu	re]	[Phone N	umber]
[CA Contractor, Driver's or SF Busines	ss License number]		[Date]
[Property Owner Signature]	[Phone Number]		